36

EMPLOYER'S ANNUAL RETURN AND RECONCILIATION OF HAWAII INCOME TAX WITHHELD FROM WAGES

FOR CALENDAR YEAR _____

NAME:			

DO NOT WRITE IN THIS AREA

NAME:								
			HAWAII WITH	HOLDING ID. NO				
FEDERAL I.D. NO				_				
1 NUMBER OF HW-2 FC			2 TOTAL WAGES S	HOWN ON THESE FORMS (II	NCLLIDE COLA) 2 \$			
				FORMS				
				AMOUNT DUE (ADD LINES 3				
				VHICHEVER IS APPLICABLE:				
				OCT. \$				
				NOV. \$				
				DEC. \$				
				4th Qtr. \$				
ENTER "0" ON	ANY LINE	5. TOTAL PA	YMENTS OF TAXES W	THHELD FROM LINE 4	5 \$ _			
WHERE APPLICA				5b. INTEREST PAID \$				
AND RETU	IRN		,	LINES 5, 5a, and 5b)				
TO THE PROPER DI	DISTRICT.	6. AMOUNT	OF CREDIT TO BE RE	FUNDED (LINE 5c MINUS LIN	IE 3c) 6 \$			
		7. AMOUNT	OF TAXES NOW DUE	AND PAYABLE (LINE 3c MINU				
NOTE: SEE FII	LING	° 500.14	TE EII INO ONIN	8a PENALTY \$				
INSTRUCTIO	NS	o. FOR LA	TE FILING ONLY:	8b INTEREST \$	8 \$			
BELOW.				PAYABLE (ADD LINES 7 AND				
		10. PLEASE E	ENTER AMOUNT OF PA	YMENT	10 \$			
		PAY IN U.	S. DOLLARS ON ANY U	J.S. BANK				
			ECK PAYABLE TO: " H Hawaii Withholding I.D.	AWAII STATE TAX COLL Number on the check.	ECTOR".			
Ш		I declare under the penalties provided by law, that this return has been examined by r						
<u> </u>		the best of my knowledge and belief is a true, correct, and complete return.						
оярея нея		the best of my knowledge and belief is a true, correct, and complete return.						
2								
		SIGNATURE	<u> </u>					
MONEY		TITLE		DATE		_		
Z						-		

INSTRUCTIONS TO TAXPAYER

THIS RETURN MUST BE FILED BY THE END OF FEBRUARY EVEN THOUGH THERE ARE NO TAXES DUE.

Please file two copies of this form together with the Statements of Hawaii Income tax Withheld and Wages Paid (copy A of Form HW-2 or copy 1 of federal Form W-2).

- MAILING ADDRESSES -

OAHU DISTRICT OFFICE P.O. BOX 3827 HONOLULU, HI 96812-3827

MAUI DISTRICT OFFICE P.O. BOX 923 WAILUKU, HI 96793-0923 HAWAII DISTRICT OFFICE P.O. BOX 1377 HILO, HI 96721-1377 KAUAI DISTRICT OFFICE P.O. BOX 1686 LIHUE, HI 96766-5686